Fill in this information to identify your case:

Debtor 1 Charles Lewis Oliver
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number 17-42193-drd13
(if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

	Your assets Value of what you own
1. **Schedule A/B: Property** (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B	$ 235,708.99
1b. Copy line 62, Total personal property, from Schedule A/B	$ 17,819.00
1c. Copy line 63, Total of all property on Schedule A/B	$ 253,527.99

Part 2: Summarize Your Liabilities

	Your liabilities Amount you owe
2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D) 2a. Copy the total you listed in Column A, *Amount of claim,* at the bottom of the last page of Part 1 of *Schedule D*	$ 311,412.22
3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F*	$ 0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F*	$ 60,530.78
Your total liabilities	$ 371,943.00

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I) Copy your combined monthly income from line 12 of *Schedule I*	$ 4,811.83
5. *Schedule J: Your Expenses* (Official Form 106J) Copy your monthly expenses from line 22c of *Schedule J*	$ 4,525.90

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

■ Yes

7. **What kind of debt do you have?**

■ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ **Your debts are not primarily consumer debts**. You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 Charles Lewis Oliver Case number *(if known)* 17-42193-drd13

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. $ 4,931.22

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

From Part 4 on *Schedule E/F*, copy the following:	**Total claim**
9a. Domestic support obligations (Copy line 6a.)	$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	$ 0.00
9d. Student loans. (Copy line 6f.)	$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	**+**$ 0.00
9g. **Total.** Add lines 9a through 9f.	$ 0.00

Fill in this information to identify your case and this filing:

Debtor 1: Charles Lewis Oliver (First Name, Middle Name, Last Name)

Debtor 2 (Spouse, if filing): (First Name, Middle Name, Last Name)

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number: 17-42193-drd13

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. **Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

☐ No. Go to Part 2.

■ Yes. Where is the property?

1.1

1206 Cypress Drive
Street address, if available, or other description

Greenwood MO 64034-0000
City State ZIP Code

Jackson
County

What is the property? Check all that apply

☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other

Who has an interest in the property? Check one

■ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	**Current value of the portion you own?**
$124,751.03	$124,751.03

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ **Check if this is community property** (see instructions)

Other information you wish to add about this item, such as local property identification number:

Jackson County, Missouri lists this property as having a Market Value Total of $134,141.00. Minus a 7% cost of sale of $9,389.87 this property has a value of $124,751.03.
(Debtor owns this property jointly with his non-filing spouse)

Debtor 1 Charles Lewis Oliver Case number *(if known)* 17-42193-drd13

1.2 If you own or have more than one, list here:

1658 Church W Road
Street address, if available, or other description

Horn Lake MS 38637-0000
City State ZIP Code

DeSoto
County

What is the property? Check all that apply

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other

Who has an interest in the property? Check one

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	**Current value of the portion you own?**
$110,457.96	$110,457.96

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ **Check if this is community property** (see instructions)

Other information you wish to add about this item, such as local property identification number:

DeSoto, Mississippi lists this property as having an Appraised Total Value of $118,772.00 Minus a 7% cost of sale of $8,314.04 this property has a value of $110,457.96.
(Debtor owns this property jointly with his non-filing spouse)

1.3 If you own or have more than one, list here:

2810 Cloud 9 Drive
Street address, if available, or other description

Caulfield MO 65626-0000
City State ZIP Code

Howell
County

What is the property? Check all that apply

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ■ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other

Who has an interest in the property? Check one

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	**Current value of the portion you own?**
$500.00	$500.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Debtor owns this propety jointly with his non-filing spouse

☐ **Check if this is community property** (see instructions)

Other information you wish to add about this item, such as local property identification number:

Debtor owns a 1/6000th interest in the Cloud 9 ATV and Camping Ranch.
Debtor purchased this interest for $500.00

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2. **Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here...=>** $235,708.99

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases.*

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

☐ No
■ Yes

3.1 Make: Arctic Cat
Model: Wildcat Trail XT
Year: 2015
Approximate mileage: 1500
Other information:
VIN: 4UF15MPV3FT309279
NADA Average Retail Value: $9,897.00
Debtor owns this vehicle jointly with his non-filing spouse

Who has an interest in the property? Check one
■ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	**Current value of the portion you own?**
$9,897.00	$4,948.50

3.2 Make: Nissan
Model: Rogue S 2WD
Year: 2016
Approximate mileage: 13,000
Other information:
VIN: JN8AT2MT8GW030483
(NADA Clen Trade-In Value: $15,800 - NADA Clean Retail Value: $18,125.00)
This vehicle was recently purchased on June 23, 2017 for $17,371.00
Debtor believes this is an accurate representation of the vehicles value.
Debtor owns this vehicle jointly with his mother.

Who has an interest in the property? Check one
■ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	**Current value of the portion you own?**
$17,371.00	$8,685.50

3.3 Make: Lance
Model: CCH
Year: 2011
Approximate mileage:
Other information:
Title Number: H106014-01
Debtor owns this trailer jointly with his non-filing spouse
This trailer is in need of numerous repairs and is currently not road worthy
Debtor estimates the value to be $2,000.00

Who has an interest in the property? Check one
■ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	**Current value of the portion you own?**
$2,000.00	$2,000.00

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

■ No
☐ Yes

5 **Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here...=>** $15,634.00

Debtor 1 Charles Lewis Oliver — Case number *(if known)* 17-42193-drd13

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own? Do not deduct secured claims or exemptions.

6. **Household goods and furnishings**
   Examples: Major appliances, furniture, linens, china, kitchenware
   - ☐ No
   - ■ Yes. Describe.....

Description	Value
Household goods, furnishings, wall hangings, knick knacks, yard tools, and equipment, etc.	$1,500.00

7. **Electronics**
   Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games
   - ☐ No
   - ■ Yes. Describe.....

Description	Value
One Smartphone, one laptop computer, two televisions, and other miscellaneous electronics	$500.00

8. **Collectibles of value**
   Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles
   - ■ No
   - ☐ Yes. Describe.....

9. **Equipment for sports and hobbies**
   Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments
   - ■ No
   - ☐ Yes. Describe.....

10. **Firearms**
    Examples: Pistols, rifles, shotguns, ammunition, and related equipment
    - ■ No
    - ☐ Yes. Describe.....

11. **Clothes**
    Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories
    - ☐ No
    - ■ Yes. Describe.....

Description	Value
Wearing apparel, clothing and shoes.	$100.00

12. **Jewelry**
    Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver
    - ☐ No
    - ■ Yes. Describe.....

Description	Value
Wedding ring	$60.00

13. **Non-farm animals**
    Examples: Dogs, cats, birds, horses
    - ■ No
    - ☐ Yes. Describe.....

14. **Any other personal and household items you did not already list, including any health aids you did not list**
    - ■ No

Debtor 1 Charles Lewis Oliver Case number *(if known)* 17-42193-drd13

☐ Yes. Give specific information.....

15. **Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here ....** $2,160.00

Part 4: **Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following? — **Current value of the portion you own?** Do not deduct secured claims or exemptions.

16. **Cash**
Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No
■ Yes..

Cash on hand $0.00

17. **Deposits of money**
Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No
■ Yes....................... Institution name:

		Institution name	Current value
17.1.	Checking Account	Great Southern Bank	$25.00
17.2.	Checking	Wells Fargo Bank (Debtor is listed on his non-filing spouse's checking account but does not deposit any funds into the account)	Unknown

18. **Bonds, mutual funds, or publicly traded stocks**
Examples: Bond funds, investment accounts with brokerage firms, money market accounts

■ No
☐ Yes................. Institution or issuer name:

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

■ No
☐ Yes. Give specific information about them..................
Name of entity: % of ownership:

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**
Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

■ No
☐ Yes. Give specific information about them
Issuer name:

21. **Retirement or pension accounts**
Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

■ No
☐ Yes. List each account separately.
Type of account: Institution name:

22. **Security deposits and prepayments**
Your share of all unused deposits you have made so that you may continue service or use from a company
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

■ No
☐ Yes. .... Institution name or individual:

Debtor 1 Charles Lewis Oliver Case number *(if known)* 17-42193-drd13

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)
■ No
☐ Yes............ Issuer name and description.

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**
26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).
■ No
☐ Yes............ Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**
■ No
☐ Yes. Give specific information about them...

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**
Examples: Internet domain names, websites, proceeds from royalties and licensing agreements
■ No
☐ Yes. Give specific information about them...

27. **Licenses, franchises, and other general intangibles**
Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses
■ No
☐ Yes. Give specific information about them...

Money or property owed to you?	**Current value of the portion you own?** Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**
■ No
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.......

29. **Family support**
Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement
■ No
☐ Yes. Give specific information......

30. **Other amounts someone owes you**
Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else
■ No
☐ Yes. Give specific information..

31. **Interests in insurance policies**
Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance
■ No
☐ Yes. Name the insurance company of each policy and list its value.

Company name:	Beneficiary:	Surrender or refund value:

32. **Any interest in property that is due you from someone who has died**
If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.
■ No
☐ Yes. Give specific information..

33. **Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**
Examples: Accidents, employment disputes, insurance claims, or rights to sue
☐ No
■ Yes. Describe each claim.........

Dalton Vann, previous tenant of debtor, owes debtor and his non-filing spouse $1,800.00.

Debtor believes these funds are uncollectable. $0.00

34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- ■ No
- ☐ Yes. Describe each claim.........

35. **Any financial assets you did not already list**

- ■ No
- ☐ Yes. Give specific information..

36. **Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here...** $25.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. **Do you own or have any legal or equitable interest in any business-related property?**

- ■ No. Go to Part 6.
- ☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. **Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ■ No. Go to Part 7.
- ☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. **Do you have other property of any kind you did not already list?**
Examples: Season tickets, country club membership

- ■ No
- ☐ Yes. Give specific information.........

54. **Add the dollar value of all of your entries from Part 7. Write that number here ....** $0.00

Part 8: List the Totals of Each Part of this Form

55.	**Part 1: Total real estate, line 2**			$235,708.99
56.	**Part 2: Total vehicles, line 5**	$15,634.00		
57.	**Part 3: Total personal and household items, line 15**	$2,160.00		
58.	**Part 4: Total financial assets, line 36**	$25.00		
59.	**Part 5: Total business-related property, line 45**	$0.00		
60.	**Part 6: Total farm- and fishing-related property, line 52**	$0.00		
61.	**Part 7: Total other property not listed, line 54**	+ $0.00		
62.	**Total personal property.** Add lines 56 through 61...	$17,819.00	Copy personal property total	$17,819.00
63.	**Total of all property on Schedule A/B**. Add line 55 + line 62			$253,527.99

Fill in this information to identify your case:

Debtor 1: Charles Lewis Oliver (First Name / Middle Name / Last Name)

Debtor 2 (Spouse if, filing): (First Name / Middle Name / Last Name)

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number (if known): 17-42193-drd13

☐ Check if this is an amended filing

Official Form 106C
Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. **Which set of exemptions are you claiming?** *Check one only, even if your spouse is filing with you.*

☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

■ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. **For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.**

Brief description of the property and line on *Schedule A/B* that lists this property	Current value of the portion you own Copy the value from *Schedule A/B*	Amount of the exemption you claim *Check only one box for each exemption.*	Specific laws that allow exemption
1206 Cypress Drive Greenwood, MO 64034 Jackson County Jackson County, Missouri lists this property as having a Market Value Total of $134,141.00. Minus a 7% cost of sale of $9,389.87 this property has a value of $124,751.03. (Debtor owns this property j Line from *Schedule A/B*: 1.1	$124,751.03	■ $23,675.00 ☐ 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(1)
2810 Cloud 9 Drive Caulfield, MO 65626 Howell County Debtor owns a 1/6000th interest in the Cloud 9 ATV and Camping Ranch. Debtor purchased this interest for $500.00 Line from *Schedule A/B*: 1.3	$500.00	■ $500.00 ☐ 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(b)(3)(B)
2015 Arctic Cat Wildcat Trail XT 1500 miles VIN: 4UF15MPV3FT309279 NADA Average Retail Value: $9,897.00 Debtor owns this vehicle jointly with his non-filing spouse Line from *Schedule A/B*: 3.1	$4,948.50	■ $1,756.39 ☐ 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(b)(3)(B)

Debtor 1 Charles Lewis Oliver Case number (if known) 17-42193-drd13

Brief description of the property and line on *Schedule A/B* that lists this property	Current value of the portion you own Copy the value from *Schedule A/B*	Amount of the exemption you claim *Check only one box for each exemption.*	Specific laws that allow exemption
2016 Nissan Rogue S 2WD 13,000 miles VIN: JN8AT2MT8GW030483 (NADA Clen Trade-In Value: $15,800 - NADA Clean Retail Value: $18,125.00) This vehicle was recently purchased on June 23, 2017 for $17,371.00 Debtor believes this is an accurate representation Line from *Schedule A/B*: 3.2	$8,685.50	■ $3,775.00 ☐ 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
2016 Nissan Rogue S 2WD 13,000 miles VIN: JN8AT2MT8GW030483 (NADA Clen Trade-In Value: $15,800 - NADA Clean Retail Value: $18,125.00) This vehicle was recently purchased on June 23, 2017 for $17,371.00 Debtor believes this is an accurate representation Line from *Schedule A/B*: 3.2	$8,685.50	■ $1,225.00 ☐ 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
2011 Lance CCH Title Number: H106014-01 Debtor owns this trailer jointly with his non-filing spouse This trailer is in need of numerous repairs and is currently not road worthy Debtor estimates the value to be $2,000.00 Line from *Schedule A/B*: 3.3	$2,000.00	■ $2,000.00 ☐ 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(b)(3)(B)
Household goods, furnishings, wall hangings, knick knacks, yard tools, and equipment, etc. Line from *Schedule A/B*: 6.1	$1,500.00	■ $1,500.00 ☐ 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
One Smartphone, one laptop computer, two televisions, and other miscellaneous electronics Line from *Schedule A/B*: 7.1	$500.00	■ $500.00 ☐ 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Wearing apparel, clothing and shoes. Line from *Schedule A/B*: 11.1	$100.00	■ $100.00 ☐ 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Wedding ring Line from *Schedule A/B*: 12.1	$60.00	■ $60.00 ☐ 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Checking Account: Great Southern Bank Line from *Schedule A/B*: 17.1	$25.00	■ $25.00 ☐ 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

Debtor 1 Charles Lewis Oliver Case number (if known) 17-42193-drd13

3. **Are you claiming a homestead exemption of more than $160,375?**
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

■ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Fill in this information to identify your case:

Debtor 1: Charles Lewis Oliver
(First Name / Middle Name / Last Name)

Debtor 2 (Spouse if, filing):
(First Name / Middle Name / Last Name)

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number (if known): 17-42193-drd13

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

■ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.	*Column A* **Amount of claim** Do not deduct the value of collateral.	*Column B* **Value of collateral that supports this claim**	*Column C* **Unsecured portion** If any
2.1 FreedomRoad Financial	$6,384.22	$9,897.00	$0.00
2.2 Wells Fargo Home Mortgage	$145,349.00	$124,751.03	$20,597.97

2.1 FreedomRoad Financial
Creditor's Name

PO Box 4597
Oak Brook, IL 60522-4597
Number, Street, City, State & Zip Code

Describe the property that secures the claim:
2015 Arctic Cat Wildcat Trail XT 1500 miles
VIN: 4UF15MPV3FT309279
NADA Average Retail Value: $9,897.00
Debtor owns this vehicle jointly with his non-filing spouse

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who owes the debt? Check one.
■ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim relates to a community debt**

Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Date debt was incurred

Last 4 digits of account number 7129

2.2 Wells Fargo Home Mortgage
Creditor's Name

Bankruptcy
Dept/Correspondence
PO Box 10335
Des Moines, IA 50306
Number, Street, City, State & Zip Code

Describe the property that secures the claim:
1206 Cypress Drive Greenwood, MO 64034 Jackson County
Jackson County, Missouri lists this property as having a Market Value Total of $134,141.00. Minus a 7% cost of sale of $9,389.87 this property has a value of $124,751.03.
(Debtor owns

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Debtor 1 Charles Lewis Oliver (First Name / Middle Name / Last Name) Case number (if know) 17-42193-drd13

Who owes the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim relates to a community debt**

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ■ Other (including a right to offset) First Mortgage

Date debt was incurred ______ **Last 4 digits of account number** 2432

2.3 Wells Fargo Home Mortgage
Creditor's Name

Bankruptcy Dept/Correspondence
PO Box 10335
Des Moines, IA 50306
Number, Street, City, State & Zip Code

Describe the property that secures the claim: $159,679.00 $110,457.96 $49,221.04

1658 Church W Road Horn Lake, MS 38637 DeSoto County
DeSoto, Mississippi lists this property as having an Appraised Total Value of $118,772.00 Minus a 7% cost of sale of $8,314.04 this property has a value of $110,457.96.
(Debtor owns th

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who owes the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim relates to a community debt**

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ■ Other (including a right to offset) First Mortgage

Date debt was incurred ______ **Last 4 digits of account number** 8318

Add the dollar value of your entries in Column A on this page. Write that number here:	$311,412.22
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:	$311,412.22

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐ Name, Number, Street, City, State & Zip Code
Freedom Road Financial
10509 Professioanl Circle
Suite 202
Reno, NV 89521

On which line in Part 1 did you enter the creditor? 2.1
Last 4 digits of account number ___

☐ Name, Number, Street, City, State & Zip Code
FreedomRoad Financial
Evergreen Bank Group
1515 W 22nd Street
Suite 100W
Oak Brook, IL 60523

On which line in Part 1 did you enter the creditor? 2.1
Last 4 digits of account number ___

Debtor 1 Charles Lewis Oliver
First Name Middle Name Last Name

Case number (if know) 17-42193-drd13

☐

Name, Number, Street, City, State & Zip Code
Wells Fargo Home Mortgage
666 Walnut Street
Suite 400
Des Moines, IA 50309

On which line in Part 1 did you enter the creditor? 2.2

Last 4 digits of account number ___

☐

Name, Number, Street, City, State & Zip Code
Wells Fargo Home Mortgage
666 Walnut Street
Suite 400
Des Moines, IA 50309

On which line in Part 1 did you enter the creditor? 2.3

Last 4 digits of account number ___

Fill in this information to identify your case:

Debtor 1	Charles Lewis Oliver		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MISSOURI		
Case number (if known)	17-42193-drd13		

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims 12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. **Do any creditors have priority unsecured claims against you?**

■ No. Go to Part 2.

☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. **Do any creditors have nonpriority unsecured claims against you?**

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

■ Yes.

4. **List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1 Advanced Patholory Solutions — **Last 4 digits of account number** 8480 — $43.52

Nonpriority Creditor's Name
4851 Northshore Lane
Suite B
North Little Rock, AR 72118
Number Street City State ZIp Code

When was the debt incurred?

Who incurred the debt? Check one.

■ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify

4.2 American Express — Last 4 digits of account number: — $2,283.00

Nonpriority Creditor's Name
Customer Service/Bankruptcy Dept.
PO Box 981535
El Paso, TX 79998-1535
Number Street City State ZIp Code

When was the debt incurred?

Who incurred the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify

4.3 Anesthesia Assoc of KC PC — Last 4 digits of account number: 3824 — $112.00

Nonpriority Creditor's Name
PO Box 801185
Kansas City, MO 64180
Number Street City State ZIp Code

When was the debt incurred?

Who incurred the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify

4.4 Arnold Rentals — Last 4 digits of account number: — $3,000.00

Nonpriority Creditor's Name
4541 Janice North
Memphis, TN 38122
Number Street City State ZIp Code

When was the debt incurred?

Who incurred the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify

Debtor 1 Charles Lewis Oliver Case number (if know) 17-42193-drd13

4.5 Barclays Bank of Delaware
Nonpriority Creditor's Name
Bankruptcy Department
125 South West Street
Wilmington, DE 19801
Number Street City State ZIp Code

Last 4 digits of account number 2686 — $2,444.18

When was the debt incurred?

Who incurred the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify

4.6 Bill & Brenda Schmidtt
Nonpriority Creditor's Name
1622 Church Rd West
Horn Lake, MS 38637
Number Street City State ZIp Code

Last 4 digits of account number — $3,100.00

When was the debt incurred?

Who incurred the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify

4.7 Citibank/Home Depot
Nonpriority Creditor's Name
PO Box 6497
Sioux Falls, SD 57117-6497
Number Street City State ZIp Code

Last 4 digits of account number 5647 — $843.23

When was the debt incurred?

Who incurred the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify

Debtor 1 Charles Lewis Oliver | Case number (if know) 17-42193-drd13

4.8 Discover Cards
Nonpriority Creditor's Name
Inquiries/Bankruptcy Department
PO Box 30943
Salt Lake City, UT 84130
Number Street City State ZIp Code

Last 4 digits of account number 4585 — $5,937.00

When was the debt incurred?

Who incurred the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify 1716-CV15341

4.9 First Premier Bank Card Services
Nonpriority Creditor's Name
Inquiries/Bankruptcy Department
PO Box 5524
Sioux Falls, SD 57117-5524
Number Street City State ZIp Code

Last 4 digits of account number — $1,114.00

When was the debt incurred?

Who incurred the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify

4.10 Horn Lake Eyecare, PLLC
Nonpriority Creditor's Name
2085 Goodman Road W
Suite 100
Horn Lake, MS 38637
Number Street City State ZIp Code

Last 4 digits of account number 1203 — $80.00

When was the debt incurred?

Who incurred the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify

Debtor 1 Charles Lewis Oliver Case number (if know) 17-42193-drd13

4.1 1 Kansas City Urology Care PA
Nonpriority Creditor's Name
PO Box 802257
Kansas City, MO 64180-2257
Number Street City State ZIp Code

Last 4 digits of account number 5401 $6.71

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify

4.1 2 KC Hospitalist, PA
Nonpriority Creditor's Name
PO Box 412917
Dept 629
Kansas City, MO 64141-2917
Number Street City State ZIp Code

Last 4 digits of account number 7235 $81.52

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify

4.1 3 Lee's Summit Medical Center
Nonpriority Creditor's Name
ATTN: Patient Accounts
2100 SE Blue Parkway
Lees Summit, MO 64063
Number Street City State ZIp Code

Last 4 digits of account number 0110 $3,417.83

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify

Debtor 1 Charles Lewis Oliver   Case number (if know) 17-42193-drd13

4.14 Lee's Summit Medical Center — **Last 4 digits of account number** 5691 — $2,144.71

Nonpriority Creditor's Name
ATTN: Patient Accounts
2100 SE Blue Parkway
Lees Summit, MO 64063
Number Street City State ZIp Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify

4.15 Lending Club — **Last 4 digits of account number** — $10,839.56

Nonpriority Creditor's Name
71 Stevenson Street
Suite 300
San Francisco, CA 94105
Number Street City State ZIp Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify

4.16 Prosper Marketplace — **Last 4 digits of account number** — $16,802.00

Nonpriority Creditor's Name
101 Second Street
Suite 1500
San Francisco, CA 94105
Number Street City State ZIp Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify

Debtor 1 Charles Lewis Oliver Case number (if know) 17-42193-drd13

4.17 Synchrony Bank/Lane Furniture Gallery
Nonpriority Creditor's Name
Attn: Bankruptcy Department
PO Box 965060
Orlando, FL 32896-5060
Number Street City State ZIp Code

Last 4 digits of account number — $710.78

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify 1716-CV14729

4.18 Synchrony Bank/Lowe's
Nonpriority Creditor's Name
Attn: Bankruptcy Department
PO Box 965060
Orlando, FL 32896-5060
Number Street City State ZIp Code

Last 4 digits of account number — $5,351.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify

4.19 US Bank
Nonpriority Creditor's Name
Recovery Department
PO Box 5227
ML CN-OJ-W15
Cincinnati, OH 45202-5227
Number Street City State ZIp Code

Last 4 digits of account number — $1,278.33

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify

Debtor 1 Charles Lewis Oliver Case number (if know) 17-42193-drd13

4.20 **Wells Fargo Card Services** — Last 4 digits of account number: — $902.00

Nonpriority Creditor's Name
PO Boxo 14517
Des Moines, IA 50306-3517
Number Street City State ZIp Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify

4.21 **Westglen Gastrointestinal Cons** — Last 4 digits of account number: 4720 — $39.41

Nonpriority Creditor's Name
7230 Renner Road
Shawnee, KS 66217-9901
Number Street City State ZIp Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address
Advanced Pathology Solutions
PO Box 2006
Memphis, TN 38101-2006

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.1 of (*Check one):*
- ☐ Part 1: Creditors with Priority Unsecured Claims
- ■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
American Express
PO Box 981537
El Paso, TX 79998

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.2 of (*Check one):*
- ☐ Part 1: Creditors with Priority Unsecured Claims
- ■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Arnold Doermer
4541 Janice
Kansas City, MO 64151

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.4 of (*Check one):*
- ☐ Part 1: Creditors with Priority Unsecured Claims
- ■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Asset Recovery Solutions, LLC
2200 E Devon Avenue
Suite 200

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.16 of (*Check one):*
- ☐ Part 1: Creditors with Priority Unsecured Claims
- ■ Part 2: Creditors with Nonpriority Unsecured Claims

Des Plaines, IL 60018-4501
Last 4 digits of account number

Name and Address
Barclays Bank of Delaware
PO Box 8802
Wilmington, DE 19899-8802

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.5 of (*Check one):*
☐ Part 1: Creditors with Priority Unsecured Claims
■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Barclays Bank of Delaware
PO Box 8803
Wilmington, DE 19899-8803

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.5 of (*Check one):*
☐ Part 1: Creditors with Priority Unsecured Claims
■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Citibank/Home Depot
PO Box 6241
Sioux Falls, SD 57117

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.7 of (*Check one):*
☐ Part 1: Creditors with Priority Unsecured Claims
■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
CKS Financial
505 Independence Parkway
Suite 300
Chesapeake, VA 23320

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.15 of (*Check one):*
☐ Part 1: Creditors with Priority Unsecured Claims
■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1100

Name and Address
CKS Financial
PO Box 2856
Chesapeake, VA 23327-2856

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.15 of (*Check one):*
☐ Part 1: Creditors with Priority Unsecured Claims
■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Discover Card
PO Box 15316
Wilmington, DE 19850-5316

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.8 of (*Check one):*
☐ Part 1: Creditors with Priority Unsecured Claims
■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
First Premier Bank
3820 North Louise Avenue
Sioux Falls, SD 57107-0145

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.9 of (*Check one):*
☐ Part 1: Creditors with Priority Unsecured Claims
■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
First Premier Bank
601 South Minnesota Avenue
Sioux Falls, SD 57104

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.9 of (*Check one):*
☐ Part 1: Creditors with Priority Unsecured Claims
■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Hood & Stacy, PC
216 N Main Street
Bentonville, AR 72712

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.8 of (*Check one):*
☐ Part 1: Creditors with Priority Unsecured Claims
■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Kramer & Frank PC
1420 NW Vivion Road
Suite 105
Kansas City, MO 64118

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.17 of (*Check one):*
☐ Part 1: Creditors with Priority Unsecured Claims
■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Kramer & Frank PC
9300 Dielman Industrial Drive
Suite 100
Saint Louis, MO 63132-2205

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.17 of (*Check one):*
☐ Part 1: Creditors with Priority Unsecured Claims
■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?
Kramer & Frank PC 9300 Dielman Industrial Drive Suite 100 Saint Louis, MO 63132-2205	Line 4.18 of (*Check one):* ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Kramer & Frank PC 1420 NW Vivion Road Suite 105 Kansas City, MO 64118	Line 4.18 of (*Check one):* ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Lee's Summit Hospital PO Box 740760 Cincinnati, OH 45274-0760	Line 4.13 of (*Check one):* ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Lee's Summit Hospital PO Box 740760 Cincinnati, OH 45274-0760	Line 4.14 of (*Check one):* ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Lending Club PO Box 39000 San Francisco, CA 94139	Line 4.15 of (*Check one):* ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
NCB Management Services, Inc. PO Box 1099 Langhorne, PA 19047	Line 4.5 of (*Check one):* ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 0188
Northland Group Inc PO Box 390900 Minneapolis, MN 55439	Line 4.19 of (*Check one):* ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 3070
Northstar Location Services, LLC Attn: Financial Services Department 4285 Genesee Street Cheektowaga, NY 14225-1943	Line 4.5 of (*Check one):* ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Second Round, L.P. PO Box 41955 Austin, TX 78704	Line 4.15 of (*Check one):* ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
SYNCB/Lane Furniture PO Box 965036 Orlando, FL 32896-5036	Line 4.17 of (*Check one):* ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
SYNCB/Lowe's PO Box 965004 Orlando, FL 32896-5004	Line 4.18 of (*Check one):* ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number

Debtor 1 Charles Lewis Oliver   Case number (if know) 17-42193-drd13

Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?
SYNCB/Lowe's PO Box 965005 Orlando, FL 32896-5005	Line 4.18 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
United Collection Bureau Inc 5620 Southwyck Boulevard Suite 206 Toledo, OH 43614	Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
US Bank Correspondence PO Box 6352 Fargo, ND 58125-6352	Line 4.19 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
US Bank PO Box 108 Saint Louis, MO 63166	Line 4.19 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
US Bank NA Attn Bankruptcy Department PO Box 5229 Cincinnati, OH 45201-5229	Line 4.19 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Velocity Investments, LLC PO Box 788 Belmar, NJ 07719	Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Velocity Investments, LLC 1800 Route 34 North Suite 404A Wall, NJ 07719	Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Wells Fargo Bank 1 Home Campus Des Moines, IA 50328	Line 4.20 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number
Wells Fargo Card Services PO Box 10347 Des Moines, IA 50306	Line 4.20 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
Total claims from Part 1	6a.	**Domestic support obligations**	6a.	$ 0.00
	6b.	**Taxes and certain other debts you owe the government**	6b.	$ 0.00
	6c.	**Claims for death or personal injury while you were intoxicated**	6c.	$ 0.00
	6d.	**Other.** Add all other priority unsecured claims. Write that amount here.	6d.	$

Debtor 1 Charles Lewis Oliver   Case number (if know) 17-42193-drd13

			0.00
	6e. **Total Priority.** Add lines 6a through 6d.	6e.	$ 0.00
			Total Claim
Total claims from Part 2	6f. **Student loans**	6f.	$ 0.00
	6g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims**	6g.	$ 0.00
	6h. **Debts to pension or profit-sharing plans, and other similar debts**	6h.	$ 0.00
	6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.	6i.	$ 60,530.78
	6j. **Total Nonpriority.** Add lines 6f through 6i.	6j.	$ 60,530.78

Fill in this information to identify your case:

Debtor 1: Charles Lewis Oliver
First Name / Middle Name / Last Name

Debtor 2 (Spouse if, filing):
First Name / Middle Name / Last Name

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number (if known): 17-42193-drd13

☐ Check if this is an amended filing

Official Form 106G
Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**
   ■ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
   ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Name Number Street City State ZIP Code	
2.2	Name Number Street City State ZIP Code	
2.3	Name Number Street City State ZIP Code	
2.4	Name Number Street City State ZIP Code	
2.5	Name Number Street City State ZIP Code	

Fill in this information to identify your case:

Debtor 1: Charles Lewis Oliver
First Name / Middle Name / Last Name

Debtor 2 (Spouse if, filing):
First Name / Middle Name / Last Name

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number (if known): 17-42193-drd13

☐ Check if this is an amended filing

Official Form 106H
Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.

■ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (*Community property states and territories* include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

■ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

	Column 1: **Your codebtor** Name, Number, Street, City, State and ZIP Code	*Column 2:* **The creditor to whom you owe the debt** Check all schedules that apply:
3.1	Name Number Street City State ZIP Code	☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line
3.2	Name Number Street City State ZIP Code	☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line

Fill in this information to identify your case:

Debtor 1: Charles Lewis Oliver

Debtor 2 (Spouse, if filing):

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number (If known): 17-42193-drd13

Check if this is:
- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:
  ____
  MM / DD/ YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. **Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	■ Employed ☐ Not employed	■ Employed ☐ Not employed
Occupation	Retail Supervisor	Clerk
Employer's name	Crossmark, Inc.	American Cancer Society
Employer's address	5100 Legacy Drive Dallas, TX 75204	1100 Pennsylvania Ave Kansas City, MO 64105
How long employed there?	since October 2016	since 2014

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write $0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

			For Debtor 1	For Debtor 2 or non-filing spouse
2.	**List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	$ 3,177.84	$ 2,524.93
3.	**Estimate and list monthly overtime pay.**	3.	+$ 0.00	+$ 0.00
4.	**Calculate gross Income.** Add line 2 + line 3.	4.	$ 3,177.84	$ 2,524.93

Debtor 1 Charles Lewis Oliver — Case number (*if known*) 17-42193-drd13

		Line	For Debtor 1	For Debtor 2 or non-filing spouse
	Copy line 4 here	4.	$ 3,177.84	$ 2,524.93
5.	**List all payroll deductions:**			
5a.	**Tax, Medicare, and Social Security deductions**	5a.	$ 454.13	$ 303.67
5b.	**Mandatory contributions for retirement plans**	5b.	$ 0.00	$ 0.00
5c.	**Voluntary contributions for retirement plans**	5c.	$ 0.00	$ 172.10
5d.	**Required repayments of retirement fund loans**	5d.	$ 0.00	$ 0.00
5e.	**Insurance**	5e.	$ 163.54	$ 144.40
5f.	**Domestic support obligations**	5f.	$ 0.00	$ 0.00
5g.	**Union dues**	5g.	$ 0.00	$ 0.00
5h.	**Other deductions.** Specify: Health Savings Account	5h.+	$ 10.00	+ $ 0.00
6.	**Add the payroll deductions.** Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	$ 627.67	$ 620.17
7.	**Calculate total monthly take-home pay.** Subtract line 6 from line 4.	7.	$ 2,550.17	$ 1,904.76
8.	**List all other income regularly received:**			
8a.	**Net income from rental property and from operating a business, profession, or farm** Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	$ 186.90	$ 0.00
8b.	**Interest and dividends**	8b.	$ 0.00	$ 0.00
8c.	**Family support payments that you, a non-filing spouse, or a dependent regularly receive** Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	$ 0.00	$ 0.00
8d.	**Unemployment compensation**	8d.	$ 0.00	$ 0.00
8e.	**Social Security**	8e.	$ 0.00	$ 0.00
8f.	**Other government assistance that you regularly receive** Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	$ 0.00	$ 0.00
8g.	**Pension or retirement income**	8g.	$ 0.00	$ 0.00
8h.	**Other monthly income.** Specify: Monthly average of income tax refunds/credits	8h.+	$ 85.00	+ $ 85.00
9.	**Add all other income.** Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	$ 271.90	$ 85.00

10. **Calculate monthly income.** Add line 7 + line 9. 10. $ 2,822.07 + $ 1,989.76 = $ 4,811.83
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

11. **State all other regular contributions to the expenses that you list in *Schedule J*.**
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in *Schedule J*.
Specify: 11. +$ 0.00

12. **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income. Write that amount on the *Summary of Schedules* and *Statistical Summary of Certain Liabilities* and Related *Data,* if it applies 12. $ 4,811.83
Combined monthly income

13. **Do you expect an increase or decrease within the year after you file this form?**
- ■ No.
- ☐ Yes. Explain:

Fill in this information to identify your case:

Debtor 1 Charles Lewis Oliver

Debtor 2 (Spouse, if filing)

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number (If known) 17-42193-drd13

Check if this is:
- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J
Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. **Is this a joint case?**
   - ■ No. Go to line 2.
   - ☐ Yes. **Does Debtor 2 live in a separate household?**
     - ☐ No
     - ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. **Do you have dependents?** ■ No

   Do not list Debtor 1 and Debtor 2. ☐ Yes. Fill out this information for each dependent.............

   Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
		☐ No ☐ Yes
		☐ No ☐ Yes
		☐ No ☐ Yes
		☐ No ☐ Yes

3. **Do your expenses include expenses of people other than yourself and your dependents?**
   - ■ No
   - ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

		Your expenses
4. **The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.	4.	$ 1,065.90
If not included in line 4:		
4a. Real estate taxes	4a.	$ 0.00
4b. Property, homeowner's, or renter's insurance	4b.	$ 0.00
4c. Home maintenance, repair, and upkeep expenses	4c.	$ 125.00
4d. Homeowner's association or condominium dues	4d.	$ 0.00
5. **Additional mortgage payments for your residence,** such as home equity loans	5.	$ 0.00

Debtor 1 Charles Lewis Oliver — Case number (if known) 17-42193-drd13

6.	**Utilities:**		
	6a. Electricity, heat, natural gas	6a. $	300.00
	6b. Water, sewer, garbage collection	6b. $	80.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. $	320.00
	6d. Other. Specify:	6d. $	0.00
7.	**Food and housekeeping supplies**	7. $	700.00
8.	**Childcare and children's education costs**	8. $	0.00
9.	**Clothing, laundry, and dry cleaning**	9. $	130.00
10.	**Personal care products and services**	10. $	75.00
11.	**Medical and dental expenses**	11. $	100.00
12.	**Transportation.** Include gas, maintenance, bus or train fare. Do not include car payments.	12. $	325.00
13.	**Entertainment, clubs, recreation, newspapers, magazines, and books**	13. $	75.00
14.	**Charitable contributions and religious donations**	14. $	15.00
15.	**Insurance.** Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a. $	0.00
	15b. Health insurance	15b. $	0.00
	15c. Vehicle insurance	15c. $	220.00
	15d. Other insurance. Specify:	15d. $	0.00
16.	**Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Personal property taxes & licenses	16. $	75.00
17.	**Installment or lease payments:**		
	17a. Car payments for Vehicle 1	17a. $	380.00
	17b. Car payments for Vehicle 2	17b. $	0.00
	17c. Other. Specify:	17c. $	0.00
	17d. Other. Specify:	17d. $	0.00
18.	**Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, *Schedule I, Your Income* (Official Form 106I).**	18. $	0.00
19.	**Other payments you make to support others who do not live with you.** Specify:	19. $	0.00
20.	**Other real property expenses not included in lines 4 or 5 of this form or on *Schedule I: Your Income*.**		
	20a. Mortgages on other property	20a. $	0.00
	20b. Real estate taxes	20b. $	0.00
	20c. Property, homeowner's, or renter's insurance	20c. $	0.00
	20d. Maintenance, repair, and upkeep expenses	20d. $	0.00
	20e. Homeowner's association or condominium dues	20e. $	0.00
21.	**Other:** Specify: Miscellaneous (parking, postage, bank fees, gifts, etc.)	21. +$	140.00
	Non-Filing Spouse's Credit Card Payments	+$	400.00
22.	**Calculate your monthly expenses**		
	22a. Add lines 4 through 21.	$	4,525.90
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	$	
	22c. Add line 22a and 22b. The result is your monthly expenses.	$	4,525.90
23.	**Calculate your monthly net income.**		
	23a. Copy line 12 *(your combined monthly income)* from Schedule I.	23a. $	4,811.83
	23b. Copy your monthly expenses from line 22c above.	23b. -$	4,525.90
	23c. Subtract your monthly expenses from your monthly income. The result is your *monthly net income*.	23c. $	285.93

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

■ No.
☐ Yes. Explain here:

Fill in this information to identify your case:

Debtor 1	Charles Lewis Oliver		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI

Case number (if known) 17-42193-drd13

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of person ______________________ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Charles Lewis Oliver
Charles Lewis Oliver
Signature of Debtor 1

Date September 15, 2017

X ______________________
Signature of Debtor 2

Date ______________________

Fill in this information to identify your case:

Debtor 1	Charles Lewis Oliver		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF MISSOURI		
Case number (if known)	17-42193-drd13		

☐ Check if this is an amended filing

Official Form 107
Statement of Financial Affairs for Individuals Filing for Bankruptcy 4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. **What is your current marital status?**

■ Married
☐ Not married

2. **During the last 3 years, have you lived anywhere other than where you live now?**

☐ No
■ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Address:	Dates Debtor 2 lived there
1658 Church Road West Horn Lake, MS 38637	From-To: February 14, 2014 to August 1, 2016	☐ Same as Debtor 1	☐ Same as Debtor 1 From-To:

3. **Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (*Community property states and territories* include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

■ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. **Did you have any income from employment or from operating a business during this year or the two previous calendar years?**
Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No
■ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	**Gross income** (before deductions and exclusions)	**Sources of income** Check all that apply.	**Gross income** (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	■ Wages, commissions, bonuses, tips ☐ Operating a business	$20,245.28	☐ Wages, commissions, bonuses, tips ☐ Operating a business	

	Debtor 1 Sources of income Check all that apply.	Debtor 1 Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Debtor 2 Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2016)	☐ Wages, commissions, bonuses, tips ■ Operating a business	$284,730.00	☐ Wages, commissions, bonuses, tips ☐ Operating a business	
	■ Wages, commissions, bonuses, tips ☐ Operating a business	$27,150.00	☐ Wages, commissions, bonuses, tips ☐ Operating a business	
For the calendar year before that: (January 1 to December 31, 2015)	■ Wages, commissions, bonuses, tips ☐ Operating a business	$58,983.00	☐ Wages, commissions, bonuses, tips ☐ Operating a business	
	☐ Wages, commissions, bonuses, tips ■ Operating a business	$2,300.00	☐ Wages, commissions, bonuses, tips ☐ Operating a business	
	■ Wages, commissions, bonuses, tips ☐ Operating a business	$0.00	☐ Wages, commissions, bonuses, tips ☐ Operating a business	

5. **Did you receive any other income during this year or the two previous calendar years?**
Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

■ No
☐ Yes. Fill in the details.

	Debtor 1 Sources of income Describe below.	Debtor 1 Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Debtor 2 Gross income (before deductions and exclusions)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. **Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**
☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of $6,425* or more?
☐ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of $6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.
* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

■ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**
During the 90 days before you filed for bankruptcy, did you pay any creditor a total of $600 or more?

■ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of $600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

■ No
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**
Include payments on debts guaranteed or cosigned by an insider.

■ No
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No
■ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Discover Bank vs Charles L Oliver 1716-CV15341	Civil	Circuit Court of Jackson County, MO	■ Pending ☐ On appeal ☐ Concluded
Synchrony Bank vs Charles Oliver 1716-CV14729	Civil	Circuit Court of Jackson County, MO	■ Pending ☐ On appeal ☐ Concluded

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**
Check all that apply and fill in the details below.

■ No. Go to line 11.
☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property

11. **Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your**

accounts or refuse to make a payment because you owed a debt?

■ No
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount

12. **Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

■ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. **Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than $600 per person?**

■ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than $600 per person Person to Whom You Gave the Gift and Address:	Describe the gifts	Dates you gave the gifts	Value

14. **Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than $600 to any charity?**

■ No
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than $600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value

Part 6: List Certain Losses

15. **Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

■ No
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property.*	Date of your loss	Value of property lost

Part 7: List Certain Payments or Transfers

16. **Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**
Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No
■ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
The Law Offices of Tracy L. Robinson, LC 818 Grand Blvd., Suite 505 Kansas City, MO 64106	See Rule 2016(b) Statement		$0.00
001 Debtorcc, Inc. 372 Summit Avenue Jersey City, NJ 07302	Credit Counseling Certificate	August 14, 2017	$14.95

17. **Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**
Do not include any payment or transfer that you listed on line 16.

■ No
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

18. **Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

■ No
☐ Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made

19. **Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?** (These are often called *asset-protection devices.*)

■ No
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made

Part 8: **List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. **Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

■ **No**
☐ **Yes. Fill in the details.**

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

21. **Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

■ **No**
☐ **Yes. Fill in the details.**

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?

22. **Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

■ **No**
☐ **Yes. Fill in the details.**

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?

Part 9: **Identify Property You Hold or Control for Someone Else**

23. **Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

- ■ **No**
- ☐ **Yes. Fill in the details.**

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value

Part 10: **Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- ***Environmental law*** **means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.**
- ***Site*** **means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.**
- ***Hazardous material*** **means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.**

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. **Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

- ■ **No**
- ☐ **Yes. Fill in the details.**

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

25. **Have you notified any governmental unit of any release of hazardous material?**

- ■ **No**
- ☐ **Yes. Fill in the details.**

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

26. **Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ■ **No**
- ☐ **Yes. Fill in the details.**

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case

Part 11: **Give Details About Your Business or Connections to Any Business**

27. **Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- ☐ **A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time**
- ☐ **A member of a limited liability company (LLC) or limited liability partnership (LLP)**
- ☐ **A partner in a partnership**
- ☐ **An officer, director, or managing executive of a corporation**
- ☐ **An owner of at least 5% of the voting or equity securities of a corporation**

☐ **No. None of the above applies. Go to Part 12.**

■ **Yes. Check all that apply above and fill in the details below for each business.**

Business Name **Address** **(Number, Street, City, State and ZIP Code)**	**Describe the nature of the business** **Name of accountant or bookkeeper**	**Employer Identification number** **Do not include Social Security number or ITIN.** **Dates business existed**	
C & S Properties Group LLC 1658 Church Road W Horn Lake, MS 38637	Real Estate Rehabilitation	**EIN:**	474880972
		From-To	August 19, 2015 to November 30, 2016

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

■ **No**

☐ **Yes. Fill in the details below.**

Name **Address** **(Number, Street, City, State and ZIP Code)**	**Date Issued**

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Charles Lewis Oliver	
Charles Lewis Oliver **Signature of Debtor 1**	**Signature of Debtor 2**
Date September 15, 2017	**Date**

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

■ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No
☐ Yes. Name of Person ______. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1: Charles Lewis Oliver

Debtor 2 (Spouse, if filing):

United States Bankruptcy Court for the: Western District of Missouri

Case number (if known): 17-42193-drd13

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ■ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).

- ☐ 3. The commitment period is 3 years.
- ■ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. **What is your marital and filing status?** Check one only.
   - ☐ **Not married**. Fill out Column A, lines 2-11.
   - ■ **Married.** Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write $0 in the space.

		Column A **Debtor 1**	*Column B* **Debtor 2 or non-filing spouse**
2.	**Your gross wages, salary, tips, bonuses, overtime, and commissions** (before all payroll deductions).	$ 2,999.39	$ 2,524.93
3.	**Alimony and maintenance payments.** Do not include payments from a spouse if Column B is filled in.	$ 0.00	$ 0.00
4.	**All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.** Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3**.**	$ 0.00	$ 0.00

5. **Net income from operating a business, profession, or farm**

	Debtor 1			
Gross receipts (before all deductions)	$ 0.00			
Ordinary and necessary operating expenses	-$ 0.00			
Net monthly income from a business, profession, or farm	$ 0.00	**Copy here ->**	$ 0.00	$ 0.00

6. **Net income from rental and other real property**

	Debtor 1			
Gross receipts (before all deductions)	$ 1,350.00			
Ordinary and necessary operating expenses	-$ 1,163.10			
Net monthly income from rental or other real property	$ 186.90	**Copy here ->**	$ 186.90	$ 0.00

Debtor 1 Charles Lewis Oliver — Case number (*if known*) 17-42193-drd13

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
7. **Interest, dividends, and royalties**	$ 0.00	$ 0.00
8. **Unemployment compensation**	$ 0.00	$ 0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you $ 0.00

For your spouse $ 0.00

	Column A	Column B
9. **Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act.	$ 0.00	$ 0.00

10. **Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

	Column A	Column B
	$ 0.00	$ 0.00
	$ 0.00	$ 0.00
Total amounts from separate pages, if any. +	$ 0.00	$ 0.00

11. **Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

$ 3,186.29 + $ 2,524.93 = $ 5,711.22

Total average monthly income

Part 2: Determine How to Measure Your Deductions from Income

12. **Copy your total average monthly income from line 11.** $ 5,711.22

13. **Calculate the marital adjustment.** Check one:

☐ You are not married. Fill in 0 below.

☐ You are married and your spouse is filing with you. Fill in 0 below.

■ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

Non-Filing Spouse Car Payment	$ 380.00
Non-Filing Spouse Credit Card Payments	$ 400.00
	$
Total	$ 780.00

Copy here=> - 780.00

14. **Your current monthly income.** Subtract line 13 from line 12. $ 4,931.22

15. **Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here=> $ 4,931.22

Multiply line 15a by 12 (the number of months in a year). x 12

15b. The result is your current monthly income for the year for this part of the form. $ 59,174.64

16. **Calculate the median family income that applies to you.** Follow these steps:

16a. Fill in the state in which you live. MO

16b. Fill in the number of people in your household. 2

16c. Fill in the median family income for your state and size of household. $ 57,288.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. **How do the lines compare?**

17a. ☐ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3).* **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).

17b. ■ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3).* **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)

18. **Copy your total average monthly income from line 11 .** $ 5,711.22

19. **Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a. -$ 780.00

19b. **Subtract line 19a from line 18.** $ 4,931.22

20. **Calculate your current monthly income for the year.** Follow these steps:

20a. Copy line 19b $ 4,931.22

Multiply by 12 (the number of months in a year). x 12

20b. The result is your current monthly income for the year for this part of the form $ 59,174.64

20c. Copy the median family income for your state and size of household from line 16c $ 57,288.00

21. **How do the lines compare?**

☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years.* Go to Part 4.

■ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years.* Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Charles Lewis Oliver
Charles Lewis Oliver
Signature of Debtor 1

Date September 15, 2017
MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:

Debtor 1 Charles Lewis Oliver

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: Western District of Missouri

Case number 17-42193-drd13
(if known)

☐ Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/16

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C–1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. **The number of people used in determining your deductions from income**

   Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household. **2**

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. $ 1,132.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Debtor 1 Charles Lewis Oliver   Case number (*if known*) 17-42193-drd13

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person $ 49

7b. Number of people who are under 65 X 2

7c. **Subtotal.** Multiply line 7a by line 7b. $ 98.00 **Copy here=>** $ 98.00

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person $ 117

7e. Number of people who are 65 or older X 0

7f. Subtotal. Multiply line 7d by line 7e. $ 0.00 **Copy here=>** $ 0.00

7g. **Total.** Add line 7c and line 7f $ 98.00 **Copy total here=>** $ 98.00

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- **Housing and utilities - Insurance and operating expenses**
- **Housing and utilities - Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. $ 554.00

9. **Housing and utilities - Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. $ 977.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment
Wells Fargo Home Mortgage	$ 1,010.38

9b. Total average monthly payment $ 1,010.38 **Copy here=>** -$ 1,010.38 Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this number is less than $0, enter $0. $ 0.00 **Copy here=>** $ 0.00

10. **If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.** $ 0.00

Explain why:

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

☐ 0. Go to line 14.

☐ 1. Go to line 12.

■ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. $ 406.00

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 **Describe Vehicle 1:**

13a. Ownership or leasing costs using IRS Local Standard... $ 0.00

13b. Average monthly payment for all debts secured by Vehicle 1.
Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
-NONE-	$

Total Average Monthly Payment $ 0.00 **Copy here =>** -$ 0.00 Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense
Subtract line 13b from line 13a. if this number is less than $0, enter $0. .... $ 0.00 **Copy net Vehicle 1 expense here =>** $ 0.00

Vehicle 2 **Describe Vehicle 2:**

13d. Ownership or leasing costs using IRS Local Standard... $ 0.00

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
-NONE-	$

Total average monthly payment $ 0.00 **Copy here =>** -$ 0.00 Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense
Subtract line 13e from line 13d. if this number is less than $0, enter $0. .... $ 0.00 **Copy net Vehicle 2 expense here =>** $ 0.00

14. **Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.** $ 0.00

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. $ 0.00

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Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.
Do not include real estate, sales, or use taxes. $ 832.80

17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. $ 0.00

18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. $ 0.00

19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. $ 0.00

20. **Education:** The total monthly amount that you pay for education that is either required:
■ as a condition for your job, or
■ for your physically or mentally challenged dependent child if no public education is available for similar services. $ 0.00

21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.
Do not include payments for any elementary or secondary school education. $ 0.00

22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.
Payments for health insurance or health savings accounts should be listed only in line 25. $ 0.00

23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. +$ 0.00

24. **Add all of the expenses allowed under the IRS expense allowances.**
Add lines 6 through 23. $ 3,022.80

Additional Expense Deductions These are additional deductions allowed by the Means Test.
Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance	$ 307.94	
Disability insurance	$ 0.00	
Health savings account	+ $ 10.00	
Total	$ 317.94	Copy total here=> $ 317.94

Do you actually spend this total amount?
□ No. How much do you actually spend?
■ Yes $

26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) $ 0.00

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.
By law, the court must keep the nature of these expenses confidential. $ 0.00

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28. **Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. $ 0.00

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than $160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment. $ 0.00

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary. $ 0.00

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).

Do not include any amount more than 15% of your gross monthly income. $ 15.00

32. **Add all of the additional expense deductions.**
Add lines 25 through 31. $ 332.94

Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

		Average monthly payment
	Mortgages on your home	
33a.	Copy line 9b here =>	$ 1,010.38
	Loans on your first two vehicles	
33b.	Copy line 13b here =>	$ 0.00
33c.	Copy line 13e here =>	$ 0.00

33d. List other secured debts:

Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?	
FreedomRoad Financial	2015 Arctic Cat Wildcat Trail XT 1500 miles VIN: 4UF15MPV3FT309279 NADA Average Retail Value: $9,897.00 Debtor owns this vehicle jointly with his non-filing spouse	■ No ☐ Yes	$ 110.04
Wells Fargo Home Mortgage	1658 Church W Road Horn Lake, MS 38637 DeSoto County DeSoto, Mississippi lists this property as having an Appraised Total Value of $118,772.00 Minus a 7% cost of sale of $8,314.04 this property has a value of $110,457.96. (Debtor owns th	☐ No ■ Yes	$ 1,163.10
		☐ No ☐ Yes	+$

33e	Total average monthly payment. Add lines 33a through 33d	$ 2,283.52	**Copy total here=>**	$ 2,283.52

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34. **Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?**

☐ No. Go to line 35.

■ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount		Monthly cure amount
FreedomRoad Financial	2015 Arctic Cat Wildcat Trail XT 1500 miles VIN: 4UF15MPV3FT309279 NADA Average Retail Value: $9,897.00 Debtor owns this vehicle jointly with his non-filing spouse	$ 671.21	÷ 60 =	$ 11.19
		$	÷ 60 =	$
		$	÷ 60 =	+$

Total $ 11.19 **Copy total here=>** $ 11.19

35. **Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case?** 11 U.S.C. § 507.

■ No. Go to line 36.

☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims $ 0.00 ÷ 60 $ 0.00

36. **Projected monthly Chapter 13 plan payment** $ 280.00

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). X 6.50

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense $ 18.20 **Copy total here=>** $ 18.20

37. **Add all of the deductions for debt payment.** Add lines 33e through 36. $ 2,312.91

Total Deductions from Income

38. **Add all of the allowed deductions.**

Copy line 24, *All of the expenses allowed under IRS expense allowances*	$	3,022.80
Copy line 32, *All of the additional expense deductions*	$	332.94
Copy line 37, *All of the deductions for debt payment*	+$	2,312.91

Total deductions.. $ 5,668.65 **Copy total here=>** $ 5,668.65

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Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)

39. **Copy your total current monthly income from line 14 of Form 122C-1, *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period.*** $ 4,931.22

40. **Fill in any reasonably necessary income you receive for support for dependent children.** The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. $ 0.00

41. **Fill in all qualified retirement deductions.** The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). $ 0.00

42. **Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A).** Copy line 38 here **=>** $ 5,668.65

43. **Deduction for special circumstances.** If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances	Amount of expense
Deduction for Part-time job income (part-time employment stopped in May 2017)	$ 193.09
	$
	$

Total $ 193.09 **Copy here=>** $ 193.09

44. **Total adjustments.** Add lines 40 through 43. **=>** $ 5,861.74 **Copy here=> -**$ 5,861.74

45. **Calculate your monthly disposable income under § 1325(b)(2).** Subtract line 44 from line 39. $ -930.52

Part 3: Change in Income or Expenses

46. **Change in income or expenses.** If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
☐ 122C-1 ☐ 122C-2				☐ Increase ☐ Decrease	$
☐ 122C-1 ☐ 122C-2				☐ Increase ☐ Decrease	$
☐ 122C-1 ☐ 122C-2				☐ Increase ☐ Decrease	$
☐ 122C-1 ☐ 122C-2				☐ Increase ☐ Decrease	$

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Part 4: **Sign Below**

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ Charles Lewis Oliver
Charles Lewis Oliver
Signature of Debtor 1

Date September 15, 2017
MM / DD / YYYY